

----- Forwarded by Nataliya Y Ioffe/FEC/US on 10/02/2012 03:14 PM -----

From: "Brey, Donald C." <dbrey@taftlaw.com>
To: <Nioffe@fec.gov>
Date: 10/02/2012 03:12 PM
Subject: RE: RSCC FORM 9 (10/02/12)
Sent by: "Cullison, Rosemary" <rcullison@taftlaw.com>

Nataliya – Please index this filing as new. Thank you. Don Brey

Taft /

Rosemary Cullison / Legal Assistant
Taft Stettinius & Hollister LLP
65 E. State Street, Suite 1000
Columbus, OH 43215
Tel: 614.221.2838 • Fax: 614.221.2007
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Taft /

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"Brey, Donald C." <dbrey@taftlaw.com>@taftlaw.com on 10/02/2012 02:47:29 PM

Sent by: "Cullison, Rosemary" <rcullison@taftlaw.com>

To: <2022190174@fec.gov>, <nioffe@fec.gov>,
cc: "Brey, Donald C." <dbrey@taftlaw.com>,

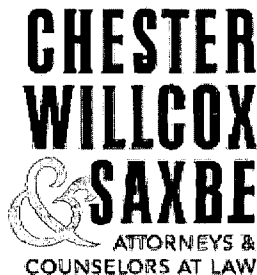
Subject: RSCC FORM 9 (10/02/12)

Attached is an amended FEC Form 9 for the Republican Senate Campaign Committee.

If you have any questions about this filing, please do not hesitate to contact Donald C. Brey at 614-221-2838 or at dbrey@taftlaw.com.

Taft /

Rosemary Cullison / Legal Assistant
Taft Stettinius & Hollister LLP
65 E. State Street, Suite 1000
Columbus, OH 43215
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FEC Form 9 - RSCC - 100212.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Republican Senate Campaign Committee (RSCC)

(b) Address (number and street) ☐ check if different than previously reported

4679 Winterset Drive

(c) City, State and ZIP Code

Columbus, Ohio 43220

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☐ New

or

☒ Amended

4. Covering Period

09 / 27 / 2012

through

10 / 02 / 2012

5. (a) Date of Public Distribution(s)

10 / 02 / 2012

(b) Communication Title "RADGNSTHOM1207"

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name

Matthew Yuskewich

(b) Address (number and street)

4679 Winterset Drive

(c) City, State and ZIP Code

Columbus, Ohio 43220

(d) Name of Employer or Principal Place of Business

Winterset CPA Group, Inc.

(e) Occupation

CPA

9. Total Donations This Statement

\$ 0.00

10. Total Disbursements/Obligations This Statement

\$ 27,889.02

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Vaughn Flasher

SIGNATURE



DATE

10-2-12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF
2 3

11. Person(s) Sharing/Exercising Control


A.	(a) Name Vaughn Flasher	
	(b) Address (number and street) 37 West Broad Street, Suite 405	
	(c) City, State and ZIP Code Columbus, Ohio 43215	
	(d) Name of Employer or Principal Place of Business Capitol Strategies Group, LLC	(e) Occupation Campaign Consultant
B.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee Midwest Communications & Media <hr/> Mailing Address of Payee 49 South Grant Avenue <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Columbus, Ohio</td> <td></td> <td>43215</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name of Employer</td> <td style="width: 50%;">Occupation</td> </tr> <tr> <td></td> <td></td> </tr> </table>				City	State	Zip Code	Columbus, Ohio		43215	Name of Employer	Occupation			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 02 / 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> \$ 27,889.02 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 02 / 2012 </div>			
City	State	Zip Code															
Columbus, Ohio		43215															
Name of Employer	Occupation																
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad - to influence results of non-federal election for Ohio State Senate																	
Name of Federal Candidate Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____													
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____													
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____													
B. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name of Employer</td> <td style="width: 50%;">Occupation</td> </tr> <tr> <td></td> <td></td> </tr> </table>						City	State	Zip Code				Name of Employer	Occupation			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> \$ </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
City	State	Zip Code															
Name of Employer	Occupation																
Purpose of Disbursement (Including title(s) of communication(s)) _____																	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____													
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Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____													
SUBTOTAL of Disbursements/Obligations This Page (optional)				<div style="border: 1px solid black; padding: 5px; text-align: right;"> \$ 27,889.02 </div>													
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)																	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/2/12</i>
 PREPARER	<i>10/2/12</i> DATE PREPARED